

2007 DRAFTING REQUEST

Assembly Substitute Amendment (ASA-AB133)

Received: **02/29/2008**

Received By: **pkahler**

Wanted: **Soon**

Identical to LRB:

For: **Frank Lasee (608) 266-9870**

By/Representing: **Joyce Kiel**

This file may be shown to any legislator: **NO**

Drafter: **pkahler**

May Contact:

Addl. Drafters:

Subject: **Insurance - health**

Extra Copies:

Submit via email: **YES**

Requester's email: **Rep.Lasee@legis.wisconsin.gov**

Carbon copy (CC:) to: **Sen.Lassa@legis.wisconsin.gov**
Joyce.Kiel@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Insurance coverage of hearing aids and implants

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 02/29/2008	jdyer 03/03/2008		_____			
/P1			nnatzke 03/03/2008	_____	cduerst 03/03/2008		
/1	pkahler 03/03/2008	jdyer 03/03/2008	pgreensl 03/04/2008	_____	sbasford 03/04/2008	sbasford 03/04/2008	

FE Sent For:

<END>

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/?	pkahler 02/29/2008	jdye 03/03/2008	3/4	3/4			
/P1	pkahler	13/3 jld	nmatzke 03/03/2008	3/4 ps/for	cdurst 03/03/2008		

FE Sent For:

<END>

2007 DRAFTING REQUEST

Assembly Substitute Amendment (ASA-AB133)

Received: 02/29/2008

Received By: pkahler

Wanted: Soon

Identical to LRB:

For: Julie Lassa (608) 266-3123

By/Representing: Jessica Kelly

This file may be shown to any legislator: NO

Drafter: pkahler

May Contact:

Addl. Drafters:

Subject: Insurance - health

Extra Copies:

Submit via email: YES

Requester's email: Sen.Lassa@legis.wisconsin.gov

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Insurance coverage of hearing aids and implants

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 02/29/2008	jdye 03/03/2008		_____			
/P1			nmatzke 03/03/2008	_____	cdurst 03/03/2008		

FE Sent For:

<END>

2007 DRAFTING REQUEST

Assembly Substitute Amendment (ASA-AB133)

Received: **02/29/2008**

Received By: **pkahler**

Wanted: **Soon**

Identical to LRB:

For: **Julie Lassa (608) 266-3123**

By/Representing: **Jessica Kelly**

This file may be shown to any legislator: **NO**

Drafter: **pkahler**

May Contact:

Addl. Drafters:

Subject: **Insurance - health**

Extra Copies:

Submit via email: **YES**

Requester's email: **Sen.Lassa@legis.wisconsin.gov**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Insurance coverage of hearing aids and implants

Instructions:

See Attached

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<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 02/29/2008	lrb editor 11/3/3 jld	nwn 3/3	nwn/r2 3/3			

FE Sent For:

<END>

Kahler, Pam

From: Kelly, Jessica
Sent: Friday, February 29, 2008 3:18 PM
To: Kahler, Pam
Cc: Kiel, Joyce; Rosenak, Mary Jan
Subject: Changes to SB88/AB133

Importance: High

This is what we will be getting drafted as a sub to AB 133/SB 88. Please draft as a new sub (incorporate existing Senate amendments) and as a P draft. Thanks!!

- (1) adding language to cover one hearing aid per ear no more than once every three years.
- (2) group insurance policies would have to exclude the need for cochlear implants and hearing aids as a pre-existing condition. People who get group insurance policies and receive hearing aids or cochlear implants within the first year would have to keep the insurance for one year, or they would have to pay back the hearing aid or cochlear implant cost if they cancel their policy before one year. If they were laid off, fired from their job or if the company switches insurance policies (involuntary separation) they would not have to pay anything back.
- (3) individual plans would need to exclude the need for hearing aids as a pre-existing condition, however, there would be a 1 year waiting period to receive a cochlear implant from the time that a person signs up and is begins the individual plan. People who get individual policies and receive hearing aids within the first year would have to keep the insurance for one year, or they would have to pay back the hearing aid costs if they cancel their policy before one year. If they were laid off, fired from their job or if the company switches insurance policies (involuntary separation) they would not have to pay anything back for the cochlear implant. If an individual insurance plan denies a person coverage, they would be required to tell families about BadgerCare Plus which covers cochlear implants with a prior authorization. BadgerCare Plus does not have a waiting period.

NOTE: If somebody is at their job for a period of over a year and their kid needs a hearing aid or implant and that person then voluntarily leaves their job, they do not have to pay back the hearing aid or implant.

Jessica Ford Kelly

Office of Senator Julie Lassa
State Capitol, Room 323 - South
P.O. Box 7882
Madison, WI 53707-7882
608-266-3123
1-800-925-7491 toll-free
608-267-6797

Kahler, Pam

From: Rosenak, Mary Jan
Sent: Friday, February 29, 2008 4:05 PM
To: Kelly, Jessica; Kahler, Pam
Cc: Kiel, Joyce
Subject: RE: Changes to SB88/AB133

As I understand the agreement, the language from the original bill will be included:

(c) The coverage required under par. (b) may be subject to any limitations, exclusions, or cost-sharing provisions that apply generally under the disability insurance policy or self-insured health plan.

With the below outlined changes for pre existing conditions. I

Mary Jan Rosenak

Research Assistant
Office of State Representative Frank Lasee
Second Assembly District
105 West - State Capitol
608-266-9870

From: Kelly, Jessica
Sent: Friday, February 29, 2008 3:18 PM
To: Kahler, Pam
Cc: Kiel, Joyce; Rosenak, Mary Jan
Subject: Changes to SB88/AB133
Importance: High

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insurance plan denies a person coverage, they would be required to tell families about BadgerCare Plus which covers cochlear implants with a prior authorization. BadgerCare Plus does not have a waiting period.

NOTE: If somebody is at their job for a period of over a year and their kid needs a hearing aid or implant and that person then voluntarily leaves their job, they do not have to pay back the hearing aid or implant.

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608-266-3123
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State of Wisconsin
2007 - 2008 LEGISLATURE

50325/PI
LRBs0308/1
PJK/jlagf
stays

ASSEMBLY SUBSTITUTE AMENDMENT ,
TO 2007 ASSEMBLY BILL 133

monan

X Regen

1 AN ACT *to amend* 40.51 (8), 40.51 (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g),
2 185.981 (4t) and 185.983 (1) (intro.); and *to create* 609.86 and 632.895 (16) of
3 the statutes; **relating to:** requiring health insurance coverage of hearing aids
4 and cochlear implants for infants and young children.

Analysis by the Legislative Reference Bureau

This substitute amendment requires health insurance policies and plans to cover the cost of hearing aids or cochlear implants for any child under 11 years of age who has coverage under the policy or plan and who is certified as deaf or hearing impaired by a physician or an audiologist. The coverage requirement applies to both individual and group health insurance policies and plans, including defined network plans and cooperative sickness care associations; to health care plans offered by the state to its employees, including a self-insured plan; and to self-insured health plans of counties, cities, towns, villages, and school districts. The requirement specifically does not apply to limited-scope benefit plans, medicare replacement or supplement policies, long-term care policies, or policies covering only certain specified diseases. The requirement may be subject to cost-sharing provisions that

apply generally under the policy or plan, but may not be subject to any limitations or exclusions.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 40.51 (8) of the statutes, as affected by 2007 Wisconsin Act 36, is
2 amended to read:

3 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
4 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
5 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to
6 ~~(5)~~ (6), 632.895 (5m) and (8) to ~~(15)~~ (16), and 632.896.

7 **SECTION 2.** 40.51 (8m) of the statutes, as affected by 2007 Wisconsin Act 36, is
8 amended to read:

9 40.51 (8m) Every health care coverage plan offered by the group insurance
10 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
11 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to ~~(15)~~ (16).

12 **SECTION 3.** 66.0137 (4) of the statutes, as affected by 2007 Wisconsin Act 36,
13 is amended to read:

14 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
15 a village provides health care benefits under its home rule power, or if a town
16 provides health care benefits, to its officers and employees on a self-insured basis,
17 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
18 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) and,
19 (5), and (6), 632.895 (9) to ~~(15)~~ (16), 632.896, and ~~767.25 (4m) (d)~~ 767.513 (4).

20 **SECTION 4.** 111.91 (2) (n) of the statutes is amended to read:

1 111.91 (2) (n) The provision to employees of the health insurance coverage
2 required under s. 632.895 (11) to (14), and (16).

3 **SECTION 5.** 120.13 (2) (g) of the statutes, as affected by 2007 Wisconsin Act 36,
4 is amended to read:

5 120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss.
6 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
7 632.85, 632.853, 632.855, 632.87 (4) ~~and, (5), and (6)~~, 632.895 (9) to ~~(15)~~ (16), 632.896,
8 and ~~767.25 (4m) (d)~~ 767.513 (4).

9 **SECTION 6.** 185.981 (4t) of the statutes, as affected by 2007 Wisconsin Act 36,
10 is amended to read:

11 185.981 (4t) A sickness care plan operated by a cooperative association is
12 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
13 632.853, 632.855, 632.87 (2m), (3), (4), ~~and (5), and (6)~~, 632.895 (10) to ~~(15)~~ (16), and
14 632.897 (10) and chs. 149 and 155.

15 **SECTION 7.** 185.983 (1) (intro.) of the statutes, as affected by 2007 Wisconsin
16 Act 36, is amended to read:

17 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
18 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
19 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
20 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
21 632.855, 632.87 (2m), (3), (4), ~~and (5), and (6)~~, 632.895 (5) and (9) to ~~(15)~~ (16), 632.896,
22 and 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
23 shall:

24 **SECTION 8.** 609.86 of the statutes is created to read:

1 **609.86 Coverage of hearing aids and cochlear implants for infants and**
2 **young children.** Defined network plans are subject to s. 632.895 (16).

3 **SECTION 9.** 632.895 (16) of the statutes is created to read:

4 **632.895 (16) HEARING AIDS AND COCHLEAR IMPLANTS FOR INFANTS AND YOUNG**
5 **CHILDREN.** (a) In this subsection:

6 1. "Hearing aid" has the meaning given in s. 459.01 (2).

7 2. "Physician" has the meaning given in s. 448.01 (5).

8 ~~(b) Except as provided in par. (d), every disability insurance policy, and every~~
9 ~~self-insured health plan of the state or a county, city, town, village, or school district,~~
10 ~~shall provide coverage of the cost of hearing aids or cochlear implants for a child~~
11 ~~covered under the policy or plan who is under 11 years of age and who is certified as~~
12 ~~deaf or hearing impaired by a physician or by an audiologist licensed under subch.~~
13 ~~II of ch. 459.~~

14 ~~(c) The coverage required under par. (b) may be subject to cost-sharing~~
15 ~~provisions that apply generally under the disability insurance policy or self-insured~~
16 ~~health plan, but may not be subject to any limitations or exclusions.~~

17 ~~(d) This subsection does not apply to any of the following:~~

18 1. A disability insurance policy that covers only certain specified diseases.

19 2. A health care plan offered by a limited service health organization, as defined
20 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
21 a defined network plan, as defined in s. 609.01 (1b).

22 3. A long-term care insurance policy.

23 4. A medicare replacement policy or a medicare supplement policy.

24 **SECTION 10. Initial applicability.**

25 (1) This act first applies to all of the following:

Insert 4-16

1 (a) Except as provided in paragraphs (b) and (c), disability insurance policies
2 that are issued or renewed, and self-insured health plans that are established,
3 extended, modified, or renewed, on the effective date of this paragraph.

4 (b) Disability insurance policies covering employees who are affected by a
5 collective bargaining agreement containing provisions inconsistent with this act
6 that are issued or renewed on the earlier of the following:

7 1. The day on which the collective bargaining agreement expires.

8 2. The day on which the collective bargaining agreement is extended, modified,
9 or renewed.

10 (c) Self-insured health plans covering employees who are affected by a
11 collective bargaining agreement containing provisions inconsistent with this act
12 that are established, extended, modified, or renewed on the earlier of the following:

13 1. The day on which the collective bargaining agreement expires.

14 2. The day on which the collective bargaining agreement is extended, modified,
15 or renewed.

16 **SECTION 11. Effective date.**

17 (1) This act takes effect on the first day of the 7th month beginning after
18 publication.

19 (END)

2007-2008 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBs0325/?ins
PJK:.....

INSERT 4-16


(b) 1. Except as provided in par. (e), every disability insurance policy, and every self-insured health plan of the state or a county, city, town, village, or school district, shall provide coverage of the cost of hearing aids or cochlear implants for a child covered under the policy or plan who is under 11 years of age and who is certified as deaf or hearing impaired by a physician or by an audiologist licensed under subch. II of ch. 459.

2. Coverage of the cost of hearing aids under this subsection is not required to exceed the cost of one hearing aid per ear per child more often than ^g ~~than~~ ^{once} every 3 years.

3. The coverage required under this subsection may be subject to cost-sharing provisions that apply generally under the disability insurance policy or self-insured health plan.

(c) 1. A group disability insurance policy or self-insured health plan may not impose a preexisting condition exclusion or limitation with respect to the coverage required under this subsection.

2. If a child who, as a dependent of his or her parent, first obtains coverage under a group disability insurance policy or self-insured health plan after the effective date of this subdivision ... [revisor inserts date], receives a hearing aid or cochlear implant within the first year after the effective date of the coverage and then discontinues the coverage before one year from the date on which the coverage was effective, the child's parent is liable to the disability insurance policy or self-insured health plan for the cost of the hearing aid or cochlear implant received by the child. This subdivision does not apply if the child's coverage is discontinued because the employer through which the parent received coverage discontinued the coverage or




1 because the parent was terminated or laid off from the employment through which
2 the parent received the coverage.

3 (d) 1. An individual disability insurance policy or self-insured health plan[✓] may
4 not impose a preexisting condition exclusion or limitation with respect to the coverage
5 required under this subsection[✓] for hearing aids. An individual disability insurance
6 policy or self-insured health plan[✓] shall, however, impose a[✓] one-year preexisting
7 condition exclusion or limitation with respect to the coverage required under this
8 subsection[✓] for cochlear implants.

9 2. If a child who, as a dependant^e of his or her parent, first obtains coverage
10 under an individual disability insurance policy or self-insured health plan after the
11 effective date of this subdivision[✓] [revisor inserts date], receives a hearing aid
12 within the first year after the effective date of the coverage and then discontinues the
13 coverage before one[✓] year from the date on which the coverage was effective, the
14 child's parent is liable to the disability insurance policy[✓] or self-insured health plan
15 for the cost of the hearing aid received by the child. This subdivision[✓] does not apply
16 if the child's coverage is discontinued because the employer through which the
17 parent received coverage discontinued the coverage or because the parent was
18 terminated or laid off from the employment through which the parent received the
19 coverage.

20 3. If an[✓] individual disability insurance policy or self-insured health plan denies
21 coverage to a child or the child's family and the child would be eligible as specified
22 in par. (b) 1.[✓] for coverage of hearing aids or cochlear implants, the disability
23 insurance policy or self-insured health plan[✓] shall advise the child's family of the



- 1 availability of coverage for hearing aids and cochlear implants under ^{the} BadgerCare
- 2 Plus under s. 49.471. ✓

(END OF INSERT 4-16)

program ✓

Jessica Ford Kelly

Office of Senator Julie Lassa
State Capitol, Room 323 - South
P.O. Box 7882
Madison, WI 53707-7882
608-266-3123
1-800-925-7491 toll-free
608-267-6797

From: Kiel, Joyce
Sent: Monday, March 03, 2008 1:55 PM
To: Kelly, Jessica; Rosenak, Mary Jan
Subject: Cochlear Implants--Hearing Aid--Substitute Amendment AB-133 and SB-88

Jessica and Mary Jan:

LRBs 0328/P1

I have the following comments on the sub. (LRBs0328/P1) for these two bills.

1. Page 4, lines 11 to 21.--This makes the parent liable if the group coverage is discontinued (except for certain reasons). However, perhaps the plan actually includes coverage and/or the preexisting condition exclusion wouldn't have applied to that child's hearing problem in any event. That is, the person would have had coverage anyway. Have you considered just making the parent liable if the insurer requests reimbursement (or, as an alternative, if the insurer requests reimbursement within a certain timeframe)?
2. Page 5, lines 8-9--similar comment for individual policies.
- ✓ 3. Page 4, line 25, provides that an individual policy "shall" impose a one-year preexisting condition exclusion for cochlear implants. If the insurer actually wanted to offer the coverage, the insurer would not be permitted to do so. Is that the intent? If not, "shall" should be changed to "may" to permit the insurer to impose the exclusion only if the insurer wanted to do so.
- ✓ 4. Page 4, lines 5-7 indicates that the coverage may be subject to cost-sharing. Because the draft is silent about the applicability of other general exclusions and limitations (except the preexisting condition exclusion), I think the statute would be interpreted as having all of them apply. However, if that is the intent, it would be clearer if it were explicitly stated (as it is in many of the other mandated benefit provisions).
- ✓ 5. Page 4, lines 22 and 25; page 5, lines 4, 8, 14, and 17--I don't think there is such a thing as a self-insured health plan in the individual context. (That is just a person without insurance coverage; it is not the same as an employer who self-insures health coverage for employees.) Therefore, I would delete the phrase "or self-insured health plan" on these lines.
- ✓ 6. Page 5, lines 9 to 13--the last sentence does not seem appropriate in a provision talking about an individual policy (rather than a group policy). There is no employer involved in an individual policy.
- ✓ 7. Page 5, lines 17 to 19, requires providing information about the availability of coverage for hearing aids and cochlear implants under the BadgerCare Plus program if coverage is denied under an individual policy. See my email from Friday afternoon-- BadgerCare Plus Standard Plan covers hearing aids and preauthorized cochlear implants. However, BadgerCare Plus Benchmark Plan (200% or more of FPL) does NOT. You could still have

03/03/2008

Kiel, Joyce

From: Rosenak, Mary Jan
Sent: Monday, March 03, 2008 2:31 PM
To: Kelly, Jessica; Kiel, Joyce
Subject: RE: Cochlear Implants--Hearing Aid--Substitute Amendment AB-133 and SB-88

We are making progress!

1. only repay if preexisting would have applied.

For 4 we want the original language like the other mandates excepting preexisting as outlined...

Mary Jan Rosenak

Research Assistant
Office of State Representative Frank Lasee
Second Assembly District
105 West - State Capitol
608-266-9870

From: Kelly, Jessica
Sent: Monday, March 03, 2008 2:23 PM
To: Kiel, Joyce; Rosenak, Mary Jan
Subject: RE: Cochlear Implants--Hearing Aid--Substitute Amendment AB-133 and SB-88

1. We're fine with that change
2. Again, fine.
3. Fine
4. Will defer to Mary Jan on this..please let me know.
5. Fine
6. Fine
7. Put BadgerCare Plus Standard in draft
8. If the parent voluntarily leaves their job within the first year of employment, they should have to repay if their employer requires them to do so.

03/03/2008

information about BadgerCare Plus provided (as in the draft), just so you know that BC+ will not always provide coverage. This could also be changed to advise the family of the availability of coverage for hearing aids and cochlear implants under the BadgerCare Plus standard plan (or advise the family of the availability of coverage under the BadgerCare Plus program under certain circumstances).

✓ 8. Page 4, lines 18 to 21, provides that the liability provision does not apply if the group coverage is discontinued because the employer discontinued the coverage or because the parent was terminated or laid off. However, the last NOTE in the drafting instructions also provided for no liability for payback if the parent voluntarily left their job. This is not included in the draft. Should it be? - *no*

Joyce L. Kiel, Senior Staff Attorney
Wisconsin Legislative Council Staff
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Madison, WI 53703
608-266-3137
608-266-3830 (fax)
joyce.kiel@legis.wisconsin.gov

From: Kelly, Jessica
Sent: Monday, March 03, 2008 12:25 PM
To: Kiel, Joyce
Subject: FW: Draft review: LRB 07s0325/P1 Topic: Insurance coverage of hearing aids and implants

From: Duerst, Christina
Sent: Monday, March 03, 2008 10:32 AM
To: Sen.Lassa
Subject: Draft review: LRB 07s0325/P1 Topic: Insurance coverage of hearing aids and implants

Following is the PDF version of draft LRB 07s0325/P1.

① BCT → limit to reg MA

② may ~~also~~ require reimbursement

③ keep cost - claim, lin & rest from original bill
except for:
contingency a proxy when next
w/ respect to new
coverage

& if they

insurer able for reimbursement of

use from 0327 re proxy

~~if you have~~ only group - hearing aids & cochlear implant

can ask for reimbursement if get hearing aid in first year

insurer

④ may require reimbursement



State of Wisconsin
2007 - 2008 LEGISLATURE

LRBs0325/P1
PJK/jld/mwn

stays
v mis nwn

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

ASSEMBLY SUBSTITUTE AMENDMENT,
TO 2007 ASSEMBLY BILL 133

before 10am
Tues

these 2
subs are
identical
taken
from
companions

X Regen

1 AN ACT *to amend* 40.51 (8), 40.51 (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g),
2 185.981 (4t) and 185.983 (1) (intro.); and *to create* 609.86 and 632.895 (16) of
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7 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
8 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
9 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to
10 ~~(5)~~ (6), 632.895 (5m) and (8) to ~~(15)~~ (16), and 632.896.

1 **SECTION 2.** 40.51 (8m) of the statutes, as affected by 2007 Wisconsin Act 36, is
2 amended to read:

3 40.51 **(8m)** Every health care coverage plan offered by the group insurance
4 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
5 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to ~~(15)~~ (16).

6 **SECTION 3.** 66.0137 (4) of the statutes, as affected by 2007 Wisconsin Act 36,
7 is amended to read:

8 66.0137 **(4)** SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
9 a village provides health care benefits under its home rule power, or if a town
10 provides health care benefits, to its officers and employees on a self-insured basis,
11 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
12 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4) ~~and,~~
13 ~~(5), and (6),~~ 632.895 (9) to ~~(15)~~ (16), 632.896, and ~~767.25 (4m) (d)~~ 767.513 (4).

14 **SECTION 4.** 111.91 (2) (n) of the statutes is amended to read:

15 111.91 **(2)** (n) The provision to employees of the health insurance coverage
16 required under s. 632.895 (11) to (14), and (16).

17 **SECTION 5.** 120.13 (2) (g) of the statutes, as affected by 2007 Wisconsin Act 36,
18 is amended to read:

19 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
20 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
21 632.85, 632.853, 632.855, 632.87 (4) ~~and, (5), and (6),~~ 632.895 (9) to ~~(15)~~ (16), 632.896,
22 and ~~767.25 (4m) (d)~~ 767.513 (4).

23 **SECTION 6.** 185.981 (4t) of the statutes, as affected by 2007 Wisconsin Act 36,
24 is amended to read:

1 185.981 (4t) A sickness care plan operated by a cooperative association is
2 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
3 632.853, 632.855, 632.87 (2m), (3), (4), ~~and (5)~~, and (6), 632.895 (10) to ~~(15)~~ (16), and
4 632.897 (10) and chs. 149 and 155.

5 SECTION 7. 185.983 (1) (intro.) of the statutes, as affected by 2007 Wisconsin
6 Act 36, is amended to read:

7 185.983 (1) (intro.) Every such voluntary nonprofit sickness care plan shall be
8 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
9 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
10 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
11 632.855, 632.87 (2m), (3), (4), ~~and (5)~~, and (6), 632.895 (5) and (9) to ~~(15)~~ (16), 632.896,
12 and 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
13 shall:

14 SECTION 8. 609.86 of the statutes is created to read:

15 **609.86 Coverage of hearing aids and cochlear implants for infants and**
16 **young children.** Defined network plans are subject to s. 632.895 (16).

17 SECTION 9. 632.895 (16) of the statutes is created to read:

18 632.895 (16) HEARING AIDS AND COCHLEAR IMPLANTS FOR INFANTS AND YOUNG
19 CHILDREN. (a) In this subsection:

20 1. "Hearing aid" has the meaning given in s. 459.01 (2).

21 2. "Physician" has the meaning given in s. 448.01 (5).

22 (b) 1. ~~Except as provided in par. (e), every~~ disability insurance policy, and every
23 self-insured health plan of the state or a county, city, town, village, or school district,
24 shall provide coverage of the cost of hearing aids or cochlear implants for a child
25 covered under the policy or plan who is under [✓]11 years of age and who is certified as

Subject to pars. (c) and (d) [✓]and

1 deaf or hearing impaired by a physician or by an audiologist licensed under subch.
2 II of ch. 459.

3 2. Coverage of the cost of hearing aids under this subsection is not required to
4 exceed the cost of one hearing aid per ear per child more often than once every 3 years.

5 3. The coverage required under this subsection may be subject to cost-sharing
6 provisions that apply generally under the disability insurance policy or self-insured
7 health plan.

8 (c) 1. A group disability insurance policy or self-insured health plan may not
9 impose a preexisting condition exclusion or limitation with respect to the coverage
10 required under this subsection.

11 2. If a child who, as a dependent of his or her parent, first obtains coverage
12 under a group disability insurance policy or self-insured health plan after the
13 effective date of this subdivision [revisor inserts date], receives a hearing aid or
14 cochlear implant within the first year after the effective date of the coverage and then
15 discontinues the coverage before one year from the date on which the coverage was
16 effective, the child's parent is liable to the disability insurance policy or self-insured
17 health plan for the cost of the hearing aid or cochlear implant received by the child.
18 This subdivision does not apply if the child's coverage is discontinued because the
19 employer through which the parent received coverage discontinued the coverage or
20 because the parent was terminated or laid off from the employment through which
21 the parent received the coverage.

22 (d) 1. An individual disability insurance policy or self-insured health plan may
23 not impose a preexisting condition exclusion or limitation with respect to the
24 coverage required under this subsection for hearing aids. An individual disability
25 insurance policy or self-insured health plan shall, however, impose a one-year

Notwithstanding sub. (b) 3.

1 preexisting condition exclusion or limitation with respect to the coverage required
2 under this subsection for cochlear implants.

3 2. If a child who, as a dependent of his or her parent, first obtains coverage
4 under an individual disability insurance policy or self-insured health plan after the
5 effective date of this subdivision [revisor inserts date], receives a hearing aid
6 within the first year after the effective date of the coverage and then discontinues the
7 coverage before one year from the date on which the coverage was effective, the
8 child's parent is liable to the disability insurance policy or self-insured health plan
9 for the cost of the hearing aid received by the child. This subdivision does not apply
10 if the child's coverage is discontinued because the employer through which the
11 parent received coverage discontinued the coverage or because the parent was
12 terminated or laid off from the employment through which the parent received the
13 coverage.

14 3. If an individual disability insurance policy or self-insured health plan denies
15 coverage to a child or the child's family and the child would be eligible as specified
16 in par. (b) 1. for coverage of hearing aids or cochlear implants, the disability
17 insurance policy or self-insured health plan shall advise the child's family of the
18 availability of coverage for hearing aids and cochlear implants under the
19 BadgerCare Plus program under s. 49.471. *under the benefits described in s. 49.41(2)(a) and (b)*

20 (e) This subsection does not apply to any of the following:

21 1. A disability insurance policy that covers only certain specified diseases.

22 2. A health care plan offered by a limited service health organization, as defined
23 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
24 a defined network plan, as defined in s. 609.01 (1b).

25 3. A long-term care insurance policy.

Insert 5-13

4. A medicare replacement policy or a medicare supplement policy.

SECTION 10. Initial applicability.

(1) This act first applies to all of the following:

(a) Except as provided in paragraphs (b) and (c), disability insurance policies that are issued or renewed, and self-insured health plans that are established, extended, modified, or renewed, on the effective date of this paragraph.

(b) Disability insurance policies covering employees who are affected by a collective bargaining agreement containing provisions inconsistent with this act that are issued or renewed on the earlier of the following:

1. The day on which the collective bargaining agreement expires.

2. The day on which the collective bargaining agreement is extended, modified, or renewed.

(c) Self-insured health plans covering employees who are affected by a collective bargaining agreement containing provisions inconsistent with this act that are established, extended, modified, or renewed on the earlier of the following:

1. The day on which the collective bargaining agreement expires.

2. The day on which the collective bargaining agreement is extended, modified, or renewed.

SECTION 11. Effective date.

(1) This act takes effect on the first day of the 7th month beginning after publication.

(END)

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1 3. The coverage required under this subsection may be subject to any
2 cost-sharing provisions, limitations, or exclusions, other than a preexisting
3 condition exclusion, that apply generally under the disability insurance policy or
4 self-insured health plan.

5 (c) If a child who, as a dependent of his or her parent, first obtains coverage
6 under a group disability insurance policy or self-insured health plan after the
7 effective date of this paragraph [revisor inserts date], receives a hearing aid or
8 cochlear implant within the first year after the effective date of the coverage and then
9 discontinues the coverage before one year from the date on which the coverage was
10 effective, the ^{group}disability insurance policy or self-insured health plan shall provide the
11 coverage as required under this subsection but may require that benefits paid for the
12 cost of the hearing aid or cochlear implant be reimbursed if the coverage required
13 under par. (b) would have been subject to a preexisting condition exclusion but for
14 par. (b) 3. This paragraph does not apply if the child's coverage is discontinued
15 because the employer through which the parent received coverage discontinued the
16 coverage or because the parent was terminated or laid off from the employment
17 through which the parent received the coverage.

18 (d) 1. Notwithstanding par. (b) 3., an individual disability insurance policy may
19 impose up to a one-year preexisting condition exclusion or limitation with respect
20 to the coverage required under this subsection for cochlear implants.

21 2. If a child who, as a dependent of his or her parent, first obtains coverage
22 under an individual disability insurance policy after the effective date of this
23 subdivision [revisor inserts date], receives a hearing aid or cochlear implant



1 within the first year[✓] after the effective date of the coverage and then discontinues the
2 coverage before[✓] one year from the date on which the coverage was effective, the
3 ^{individual} disability insurance policy[✓] shall provide the coverage as required under this
4 subsection[✓] but may require that benefits paid for the cost of the[✓] hearing aid be
5 reimbursed if the coverage required under[✓] par. (b) would have been subject to a
6 preexisting condition exclusion but for par. (b) 3.

(END OF INSERT 5-13)

✓ with respect to hearing aids